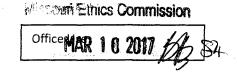


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: $3/08/2017$ Type: \blacksquare New \square Amended (if amending, enter MEC ID $\bigcirc \bigcirc \bigcirc$			
2.	Committee Information		/	
	Holly PAC			
	Name of Committee		040 504 0000	
	7509 NW Tiffany Springs Parkway, Suite 300, Kansas City,	Missouri 64153	(816) 584-9393	
	THIND IN SHIP CALLE	Platte County Board of Elec	ction Commissioners	
	Official Committee Email Address	County Clerk or Board of Election Commission		
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) 🗆 Debt Service 🗀 Explo	ratory	
3.	Treasurer/Deputy Treasurer Information			
	James C. Thomas III			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	7509 NW Tiffany Springs Parkway, Suite 300, Kansas City, Missouri 64153	()	(816)584-9393	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
		1	/ \	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ss, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	y, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	☐ Ves (refer to instructions on h	ack) [] No	
5.	Official Bank Account Information (required by all committees)			
υ.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)		
		1	1	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees On	nly)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
	Now of Della Manua	Floating Date & Dullating Could divide	Supplies	
	Name of Ballot Measure		Support or Oppose	
8. Signature(s) Check certification(s) & sign (required by all committees)				
	■ I affirm and attest under penalty of perjury that information and	· · · · · · · · · · · · · · · · · · ·		
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSM			
	Committee Treasurant	Candidate (Candidate Committees Only)		
МО	MO 300-1308 Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3			